

## State of California—Health and Human Services Agency Department of Health Services



GRAY DAVIS

May 7, 2003

PPL No. 03-003

TO: Local Governmental Agencies (LGAs)

Targeted Case Management (TCM) Coordinators

SUBJECT: SUMMARY OF SITE REVIEW FINDINGS

This Policy and Procedure Letter (PPL) summarizes issues identified during 13 TCM program reviews conducted by the California Department of Health Services (DHS) between November 2001 and November 2002. This PPL does not attempt to define concepts that have been defined in the TCM Provider Manual or in recent PPLs (both of which are available online at <a href="https://www.dhs.ca.gov/tcm">www.dhs.ca.gov/tcm</a>). The checklists DHS has used when conducting site reviews are enclosed with this PPL.

The list that follows presents seven selected issues that may interest many LGAs and that may prove useful when conducting internal reviews.

- 1. The case manager did not provide a TCM service. For a TCM claim to be valid, one of the six specific TCM services must be provided and documented in the client case file and in the encounter log. DHS has found examples of encounter documentation that says a case manager completed paperwork related to a client, placed or received phone calls on administrative topics related to a client, updated the LGA's online database with encounter data, ran errands on behalf of the client, or did not find the client at home. DHS recommends that LGAs identify by name or number in their case records and encounter logs which specific TCM service was provided.
- 2. The encounter was not documented in the client's case file. No matter how much effort and care was invested in serving a client, a TCM encounter cannot be claimed unless it is documented in both the client case file and in the encounter logs. DHS has found examples of client case files that contain no case records describing a TCM encounter that had been claimed. DHS has identified encounter entries that consisted of vital signs or comments about delivering a holiday gift. Internal reviews by supervising staff or peer review can prevent such unnecessary loss of revenue.



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3. Case records and encounter logs did not contain all the required information. A case record should briefly state what happened during the encounter, indicating if a TCM encounter occurred. The case manager and client information must be complete, as well as the date of service and location of the encounter. DHS has found encounter entries that state the encounter took place at the client's home, even though the client was actually a resident of an institution. DHS has identified entries for multiple encounters for a client on the same day that do not identify the case manager or the reason for the multiple encounters. These instances raise questions about the validity of the encounter.

Online databases and standardized forms that have replaced narrative case records often abbreviate or code this information to the extent that DHS cannot determine what happened. Codes may refer to a range of activities that includes both TCM and non-TCM activities, or staff may use codes inconsistently.

4. Data entered into the encounter logs or the TCM System does not match data entered into the case records or client case file. When a case manager enters his or her field notes into the case records (or onto a form that serves the same purpose), the LGA must ensure that the same information is entered into the encounter logs and the TCM System. An internal online database of TCM encounter information can serve both purposes, as long as case managers and supervisors print out, review, and sign where recommended (case managers sign encounter logs; supervisors sign service plans).

DHS has found examples of encounters entered into the TCM System that were clearly marked in the client case files as non-TCM. DHS has identified encounters that were coded into the LGA's online database with codes that didn't identify whether the encounters were claimable or non-claimable. As part of regular internal reviews, data entered into the TCM System should be compared to the case records. To increase the reliability of encounter data, DHS recommends that case managers enter encounter data into the case records and the encounter logs sequentially, i.e., enter information into the case records first, then the encounter logs. DHS strongly recommends that each LGA establish a procedure to ensure the reliability of encounter data from the case file, to the encounter log, to the TCM System.

5. Interviews revealed that case managers and financial staff did not know about TCM program components and requirements. Case managers knew that a TCM encounter was face-to-face, but didn't know that one or more TCM services had to be provided. Case managers didn't know the restrictions on

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claiming for encounters conducted in institutions, on the telephone, and with a person acting on behalf of a client. Fiscal staff who enter claims for TCM encounters into the TCM System were not certain whether the encounter logs indicated valid TCM encounters. Most often, supervisors and managers expressed a good understanding of the TCM program. DHS recommends regular staff training to review TCM requirements.

We hope that this list of issues is useful and that it helps you maintain an accountable and effective program. If you have any questions, please contact Ms. Elizabeth Touhey, Chief of the Local and Schools Services Unit, at (916) 657-0716 or by e-mail at <a href="mailto:etouhey@dhs.ca.gov">etouhey@dhs.ca.gov</a>.

Sincerely,

## **Original signed by Mary Lamar-Wiley**

Mary Lamar-Wiley, Acting Chief Medi-Cal Benefits Branch

## **Enclosure**

cc: Ms. Cathleen Gentry
LGA MAA/TCM Consultant
455 Pine Avenue
Half Moon Bay, CA 94109

Ms. Susan Ruiz Health Insurance Specialist Centers for Medicare & Medicaid Services 75 Hawthorne Street, Fifth Floor San Francisco, CA 94105

Mr. Brian Burdullis, Accountant Centers for Medicare & Medicaid Services Division of Medicaid & Children's Health 801 I Street, Room 210 Sacramento, CA 95814